CITY OF HALLANDALE BEACH Building Division CHANGE OF PLAN APPLICATION

Master Permit #:	Revision #:		Submittal Da	te:
Job Address:		City		County:
Job Name:				
Contracting Co.:		Phone:	Email:	
Company Address:		City		State: Zip:
Qualifier's Name:		Owner-Build	er: License Num	ber:
This revision	on affects the following disc	iplines*: Appli	cant to check all tha	tapply
☐Building ☐Elect	rical Plumbing	☐ Mechani	cal Roofing	☐ Fuel Gas
Fire Dept.	Planning & Z		Public Wo	
f these revisions represent	a change in the scope of w	ork, what is the	e increase in job valu	ation? \$
Please note that a plans examine	er has the authority to modify requ	ired reviews based	upon examination of the	plans submitted for revision
	Provide a brief descript	on of what is b	eing revised	
	nust have revisions clouded	d-in and proper	ly numbered in the ti	tle block
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Change of Plan Application (2) Form Expires 12-31-2014 04/14R1.1

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.